“Test Drive and “Tune-Up” for Maximum Performance

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Womack Army Medical Center, Fort Bragg, NC
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MEPRS-ADM
500
Drivers Wanted
500
OFFICIAL PACE CAR
"Test Drive and Tune-Up"

Objectives

- **Support improvements in ADM and MEPRS Data Quality by understanding data capture and performance measures in DoD Healthcare:**
  - Identify differences between Visits as defined by MEPRS and Encounters processed by ADM and CHCS II
  - Outline "Downstream Impacts" of key data elements that drive Relative Value Units (RVU):
    - Primary Care Provider RVU/FTE calculations
    - Prospective Payment System (PPS) RVU calculations
  - Share related CHCS II experiences
  - Present approaches to utilize the data to "Drive" improved capture processes

Why the Focus?

- ADM is the clinical application within CHCS that captures patient level data that enables the Military Health System (MHS) to benchmark coding practices, productivity and resource utilization to deliver health care services.
- ADM has transitioned from capturing “Ambulatory” services to also include “Professional” services for Inpatient to:
  - Standardize data collection methods
  - Compare workload and productivity
  - Forecast demand for services
  - Establish performance benchmarks
  - Identify trends and utilization
  - Calculate costs of services
  - Assess quality of services

Today's Topics

- Part 1 – Meet the "Pit Crew"
- Part 2 – CHCS ADM/MEPRS Chassis
- Part 3 – ADM "Test Drive"
- Part 4 – Performance "Tune
- Part 5 – "Best of the Web"

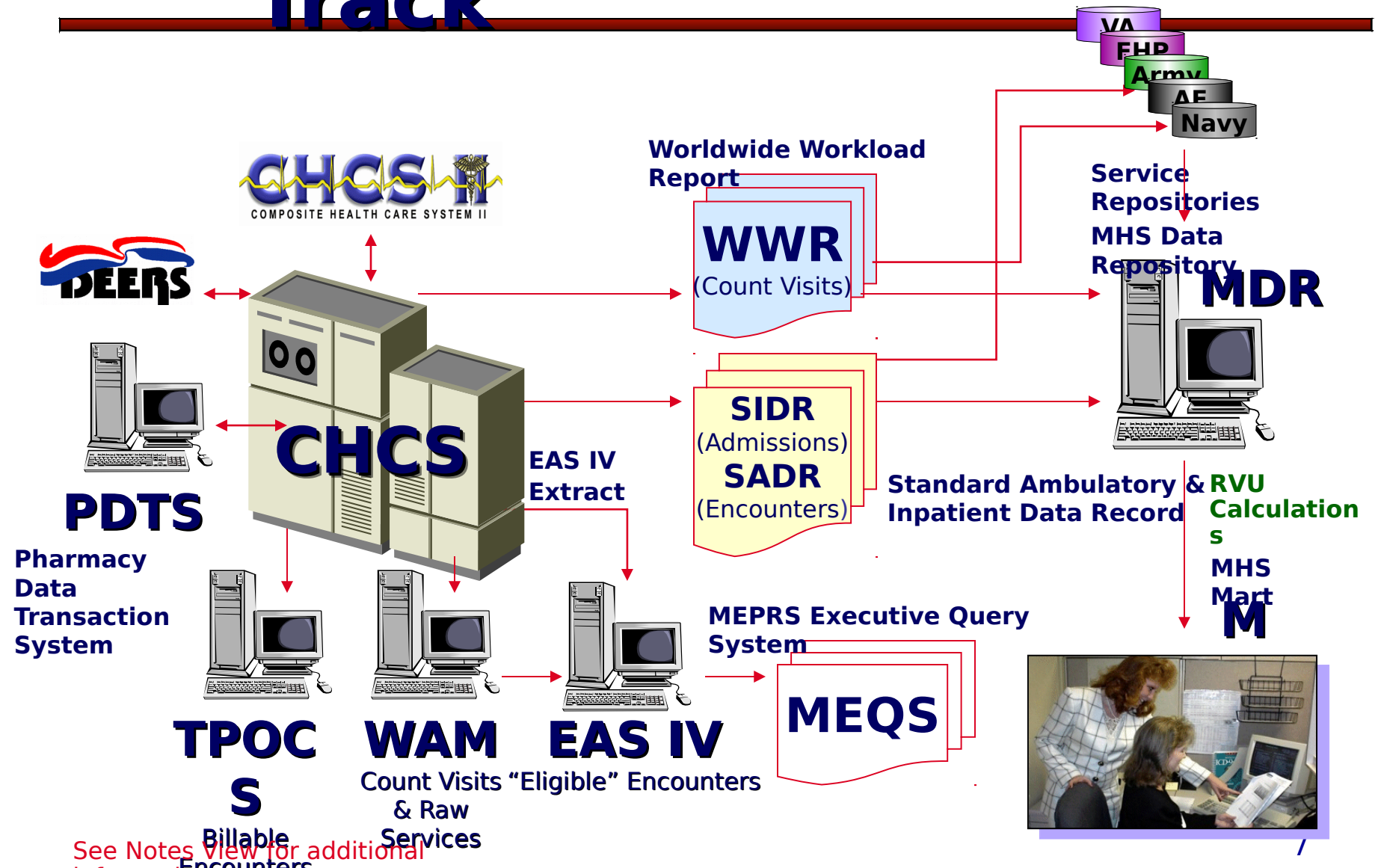
Class Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View

Meet the "Pit Crew"

- **Credits and Appreciation to:**
  - DQ Team and Committee
  - DBO Business Systems Branch:
    - (EAS IV/MEPRS, UCAPERS & ADM)
  - Uniform Business Office
  - Clinical Operations
    - Credentials, MCP Network Mgr & Health Systems Specialists
  - Patient Administration
  - Clinic Managers
  - Information Management Division:
    - SAIC CHCS Site Manager & Systems Support
    - CHCS/CHCS II Training Staff
  - Staff at Womack Army Medical Center, Fort Bragg, NC for their "Commitment to Quality" and the patients they serve.

/MEPRS "500" Data Track



See Notes View for additional

CHCS and ADM

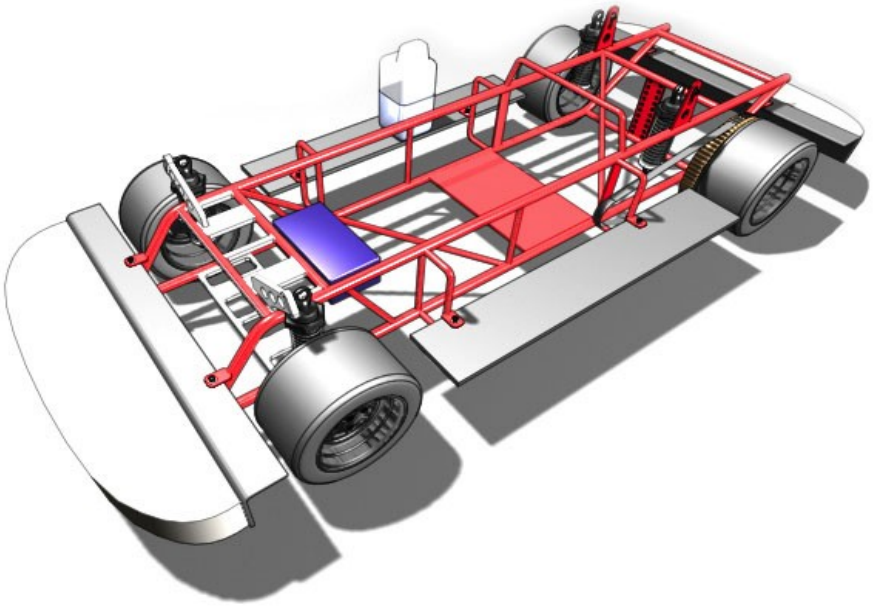
- CHCS PAS/MCP captures Inpatient & Outpatient "Visits" to report Workload:
  - WAM/EAS (Count Visits)
  - WWR (Count Visits)
  - Clinic Workload Report
- CHCS then passes this information to ADM to create the encounter record
- ADM then Processes Inpatient & Outpatient "Encounters" to report Services:
  - SADR Extract (All Encounters)
  - Billing Extract (TPOCS)
  - EAS Extract (EAS Eligible) "B***" and "FBN*" Count Visits

Basic Features

- Medical coding is captured by CHCS ADM
- CHCS II encounter coding is “Written-Back” to CHCS ADM
- Diagnosis Codes indicate the “Why the patient was seen”?
- Procedure Codes identify the procedures/services provided:
  - Current Procedural Terminology (CPT-4) Codes are established by the American Medical Association (AMA) and are updated annually
- Each patient encounter must contain at least one ICD-9 (International Classification of Disease 9th Edition) Code
- Each patient encounter must contain at least one CPT (Evaluation & Management – E&M) Code
  - E&M Coding for Ambulatory Procedure Visits (APVs) is now optional
- Additional CPT/HCPCS Codes for procedures and services
- Each day, all completed MTF encounters are electronically transmitted in the Standard Ambulatory Data Record (SADR) Extract

See Notes View for additional

CHCS/MEPRS Chassis

Standard Tables DMIS ID Medical Specialty HIPAA Taxonomy			**SADR Edits** ICD-9 Code E&M Code Disposition
CHCS Site Defined MEPRS Table 4th Level FCCs			**IBWA RNDS*** **Attending Provider Encounters**
CHCS Site Defined Hospital Location			**Inpatient/Outpatient Visit Disposition Status**
CHCS Site Defined Provider Table	**Standard CPT/HCPCS Code & Modifier Tables**	**Inpatient/Outpatient & APV Indicator**	**CHCS II Write-Back**
Standard ICD-9 Code Table	**CHCS (PAS/MCP) Business Rules** Count/Non-Count Visits	**HIPAA Mandated Data Elements**	**EAS IV, Billing & SADR Extracts**

See Back-Up Slides for additional

Visits vs Encounters

- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
  1. Interaction between patient and healthcare provider
  2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
     - Examination
     - Diagnosis
     - Counseling
     - Treatment
  3. Documentation
- **An "ENCOUNTER" = Clinical Performance/Patient Interaction:**
  - Document reason for seeking care
  - Capture medical services provided
  - Establish Level of professional service and decision making
- **A Count Visit is Always an Encounter, but not all Encounters meet the definition of a Count Visit for Workload Reporting in WAM/EAS IV, EAS "Eligible" Encounters and Worldwide Workload (WWR)**
- **DQMC Statement 8. a) - # SADR encounters / # WWR visits**

Focus Shifting from Counting "Visits" to Measuring Work/Services Provided

See Notes View for additional

Workload & RVU

- **Workload – "A Visit is a Visit"…**
- **Encounters – Support RVU Calculations in M2**
  - **Relative Value Units (RVU) is a weighted measure of "work" performed**
  - **All Visits that that have been processed as "Completed" Encounters in ADM/CHCS II will contribute to RVU calculations (based on CPT Codes with associated RVU weights)**
  - **RVU weights are established by the Centers for Medicare and Medicaid Services (CMS) with periodic updates**
  - **MHS updates specific RVU weights not addressed by CMS**

* See Back-Up Slides for additional

MEPRS- ADM

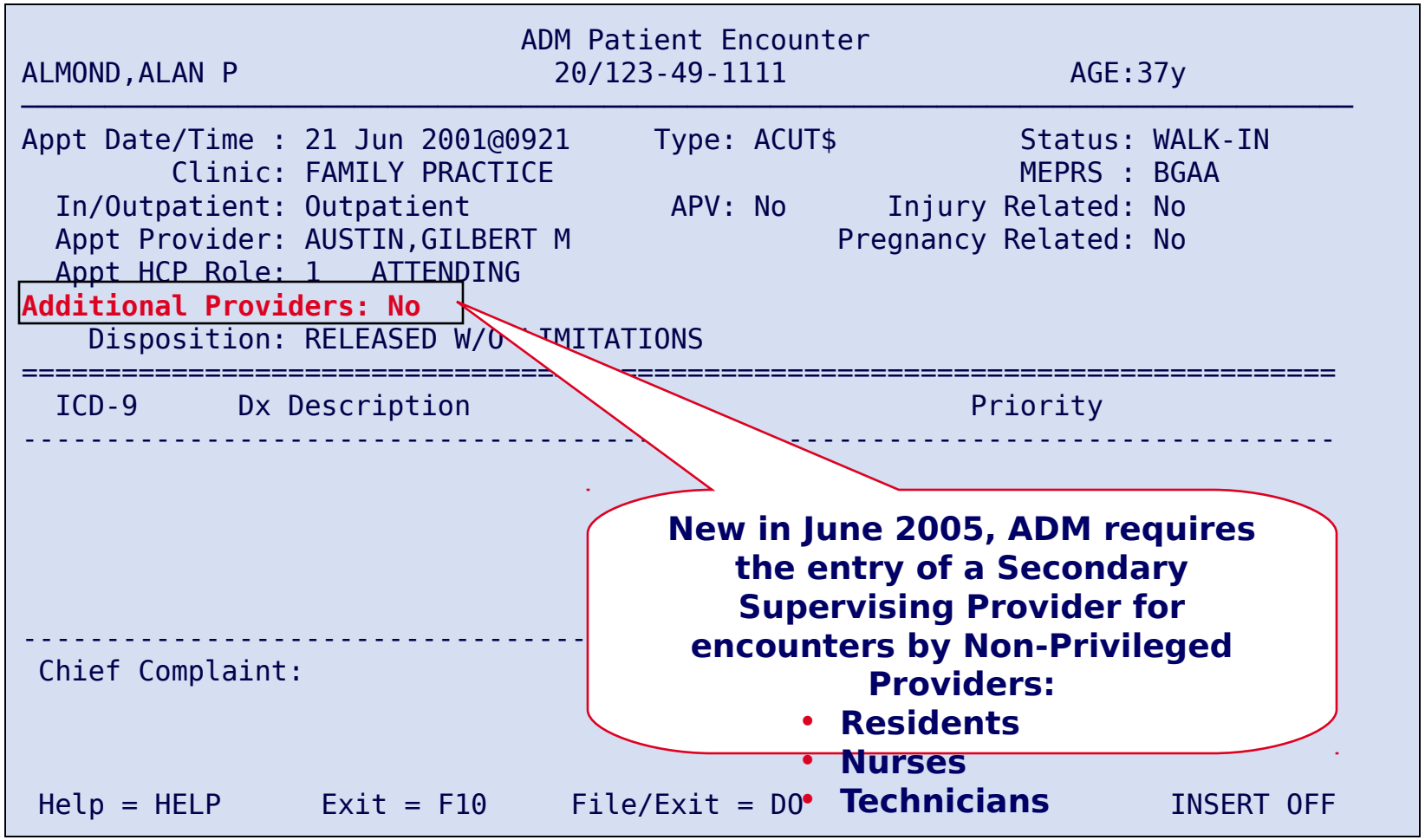
500

"Test Drive"

Encounter Processing

- **ADM Encounter record created when Visit Status entered in CHCS PAS/MCP is updated to "KEPT" or entered as a "WALK-IN"**
- **Encounter "Checked-In" or "Walked-In" in CHCS II will update Visit Status to support workload reporting**
- **Updates to Visit data such as HCP Seen, MEPRS Code or Count/Non-Count must still be made in CHCS PAS/MCP using the End of Day processing option:**
  - CHCS PAS Supervisor Security Key required to update Visits > 7days
  - Visits marked as OCC-SVC in CHCS PAS/MCP are not included in the ADM Compliance Report (Do not require completion)
- **Encounter coding can be entered by Clinic Staff, Provider or Coding Professional, based on services provided within the Clinic and documented in the Medical Record, for services provided within the Clinic by Clinic Staff**
- **Encounter coding, disposition and administrative elements may be updated and ADM for CHCS II completed encounters**
- **Updated encounters will be re-set to "PENDING" to be included in the next daily SADR batch extract file**

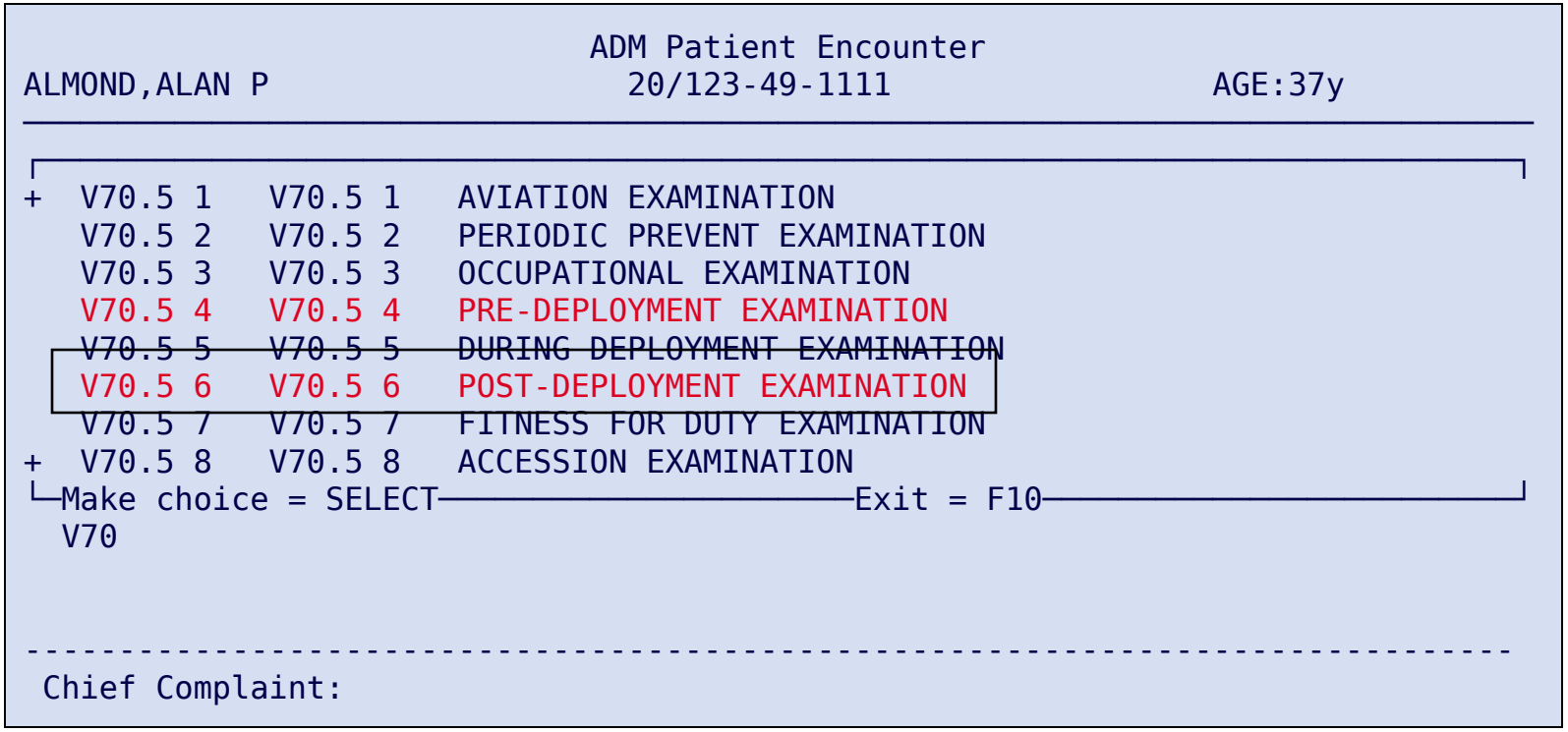
ADM Patient Encounter



Source: CHCS ADM Training Database – Training Patient

See Notes View for additional

Code Search



- **Entered as Primary Diagnosis for Deployment Related "Yes" or "Maybe", to support the Post-deployment Health Guideline for Global War on Terrorism (GWOT)**
- **Either based on Patient Stated or Provider Assessment**
- **Enter V70.5 to get DoD Unique Code Pick-List**

Diagnosis Entry

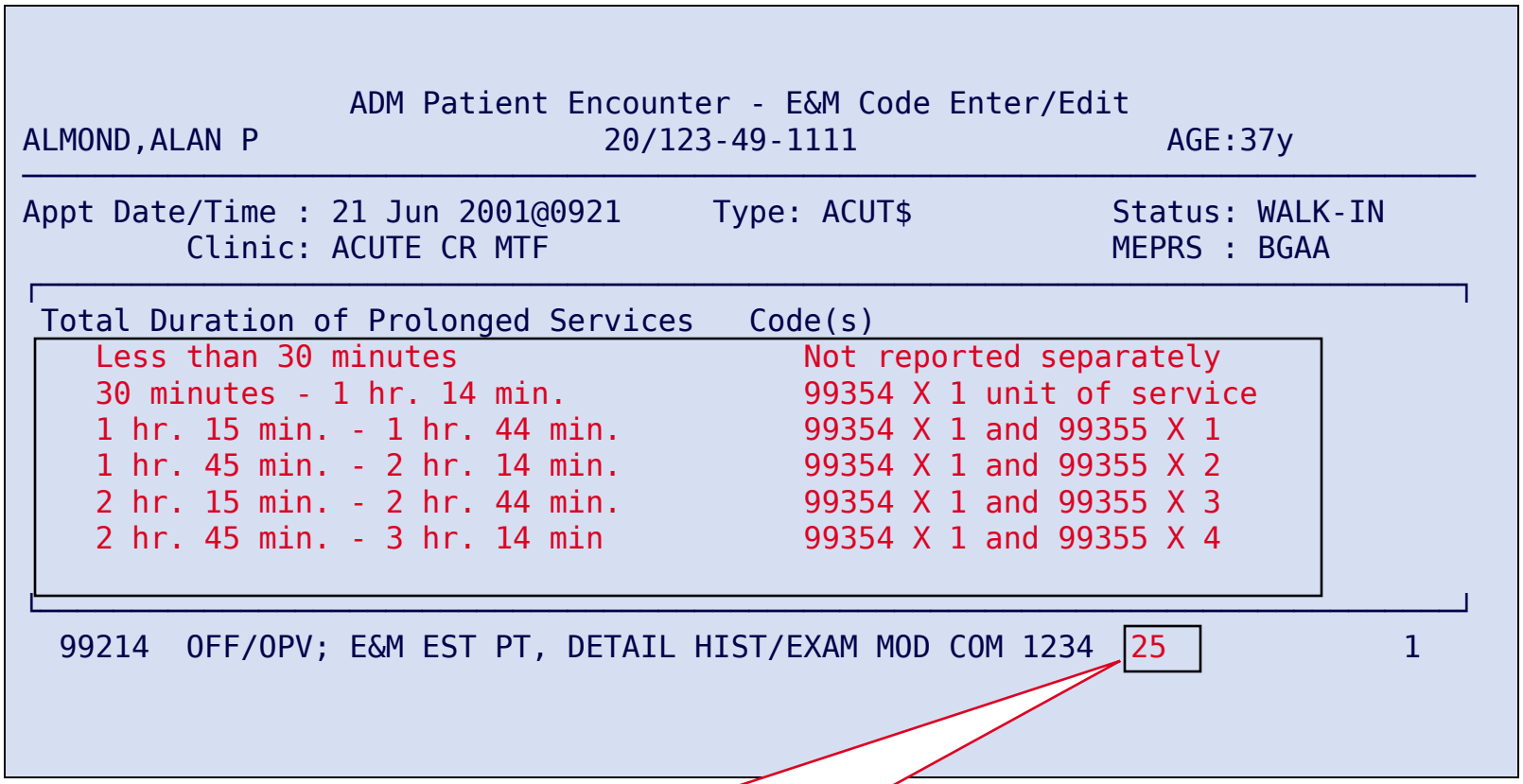
```
                                ADM Patient Encounter
ALMOND,ALAN P                     20/123-49-1111                    AGE:37y
_____________________________________________________________________________

Appt Date/Time : 21 Jun 2001@0921     Type: ACUT$           Status: WALK-IN
         Clinic: ACUTE CR MTF                               MEPRS : BGAA
  In/Outpatient: Outpatient             APV: No      Injury Related: No
  Appt Provider: AUSTIN,GILBERT M                 Pregnancy Related: No
  Appt HCP Role: 1   ATTENDING
Additional Providers: No
    Disposition: RELEASED W/O LIMITATIONS
=============================================================================
  ICD-9      Dx Description                                    Priority
-----------------------------------------------------------------------------
  V70.5 6    POST-DEPLOYMENT EXAMINATION                          1
  309.81     PROLONG POSTTRAUM STRESS                             2
  244.9      HYPOTHYROIDISM NOS                                   3
  401.9      HYPERTENSION NOS                                     4

-----------------------------------------------------------------------------
 Chief Complaint: V70.5 6
```

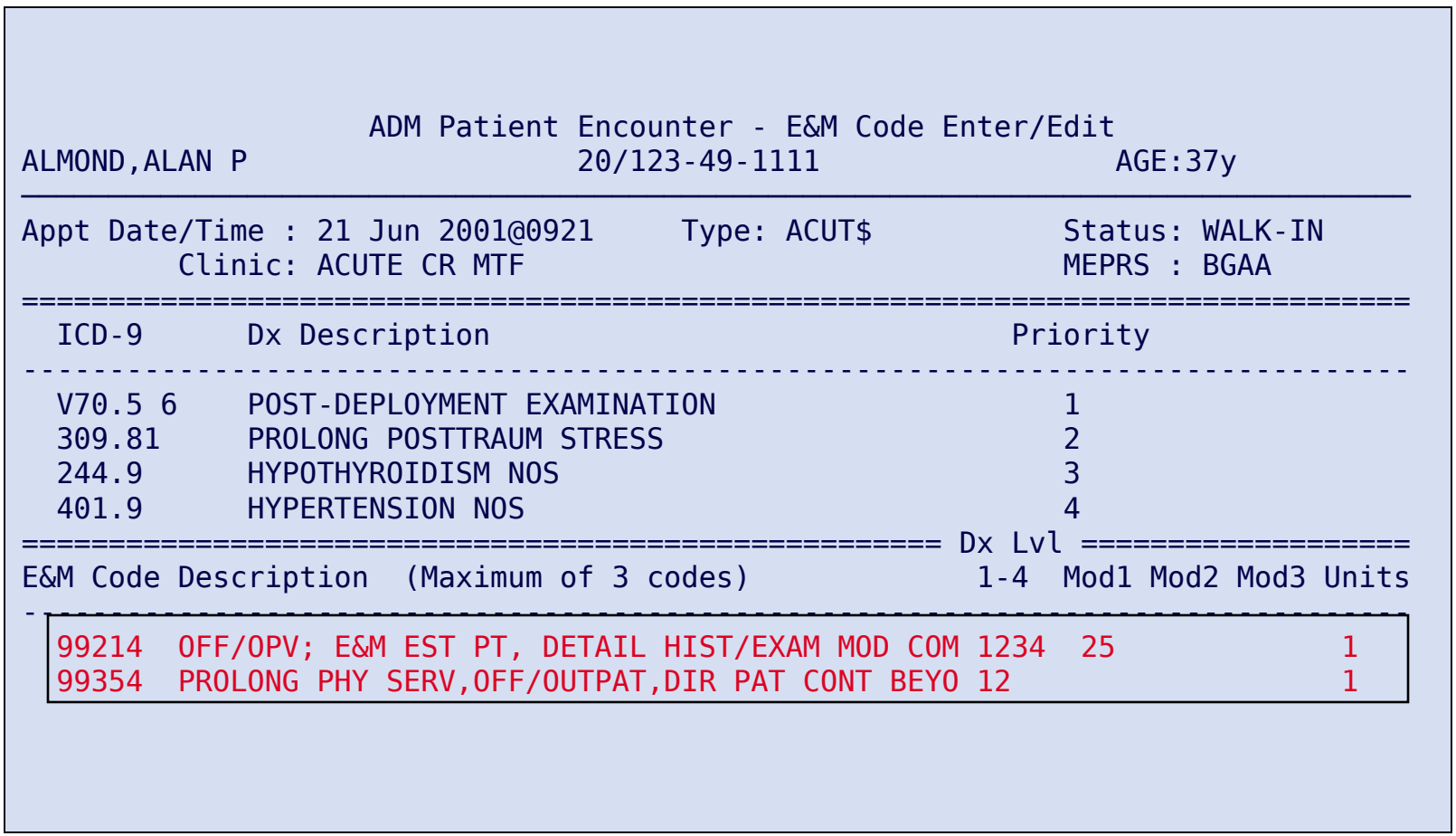
- **Up to 4 Diagnosis can be ranked**
- **Additional Diagnosis will be displayed as “U” Unranked**
- **Ranking supports validation of Medical Necessity of procedures performed**

E&M Services



CPT Code Modifier indicates additional Evaluation & Management Services

Additional E&M Services



```
                    ADM Patient Encounter - E&M Code Enter/Edit
ALMOND,ALAN P                      20/123-49-1111                    AGE:37y
_____________________________________________________________________________

Appt Date/Time : 21 Jun 2001@0921     Type: ACUT$           Status: WALK-IN
         Clinic: ACUTE CR MTF                               MEPRS : BGAA
=============================================================================
  ICD-9      Dx Description                                  Priority
-----------------------------------------------------------------------------
  V70.5 6    POST-DEPLOYMENT EXAMINATION                       1
  309.81     PROLONG POSTTRAUM STRESS                          2
  244.9      HYPOTHYROIDISM NOS                                3
  401.9      HYPERTENSION NOS                                  4
=================================================== Dx Lvl ==================
E&M Code Description  (Maximum of 3 codes)             1-4  Mod1 Mod2 Mod3 Units
-----------------------------------------------------------------------------
  99214  OFF/OPV; E&M EST PT, DETAIL HIST/EXAM MOD COM 1234  25              1
  99354  PROLONG PHY SERV,OFF/OUTPAT,DIR PAT CONT BEYO 12                    1
```

Clinic Procedures

- **Select Procedure from Code List or Pick List:**
  - Only procedures performed by clinic staff within the clinic should be entered into the encounter record
- **Units of Service and Modifiers:**
  - Should be entered, when applicable, but are currently only sent to billing
- **CPT Code Sequencing:**
  - Enter the codes with the highest level of Provider Work 1st, as this impacts the calculation of Ambulatory Payment Classification (APCs)
- **Note: The re-designed SADR will include these elements that directly impact the calculation of RVU**

PENDING vs PENDING

- **PENDING "Visit" Status:**
  - Incomplete Workload
- **PENDING "SADR" Status:**
  - Encounter Coding Complete or Updated and ready for transmission in the daily batch SADR extract file
  - ADM Encounters must contain at least one Diagnosis Code and one E&M Code to be flagged in ADM as "PENDING" SADR Transmission
    - E&M Code in ADM is optional for APV encounters (June 2005)
- CHCS (KG ADS SADR NIGHTLY TASK) processes all "PENDING" Encounters completed in ADM and CHCS II for inclusion into the daily SADR Extract, based on the Treating DMIS ID

See Notes View for additional

Quality Indicators

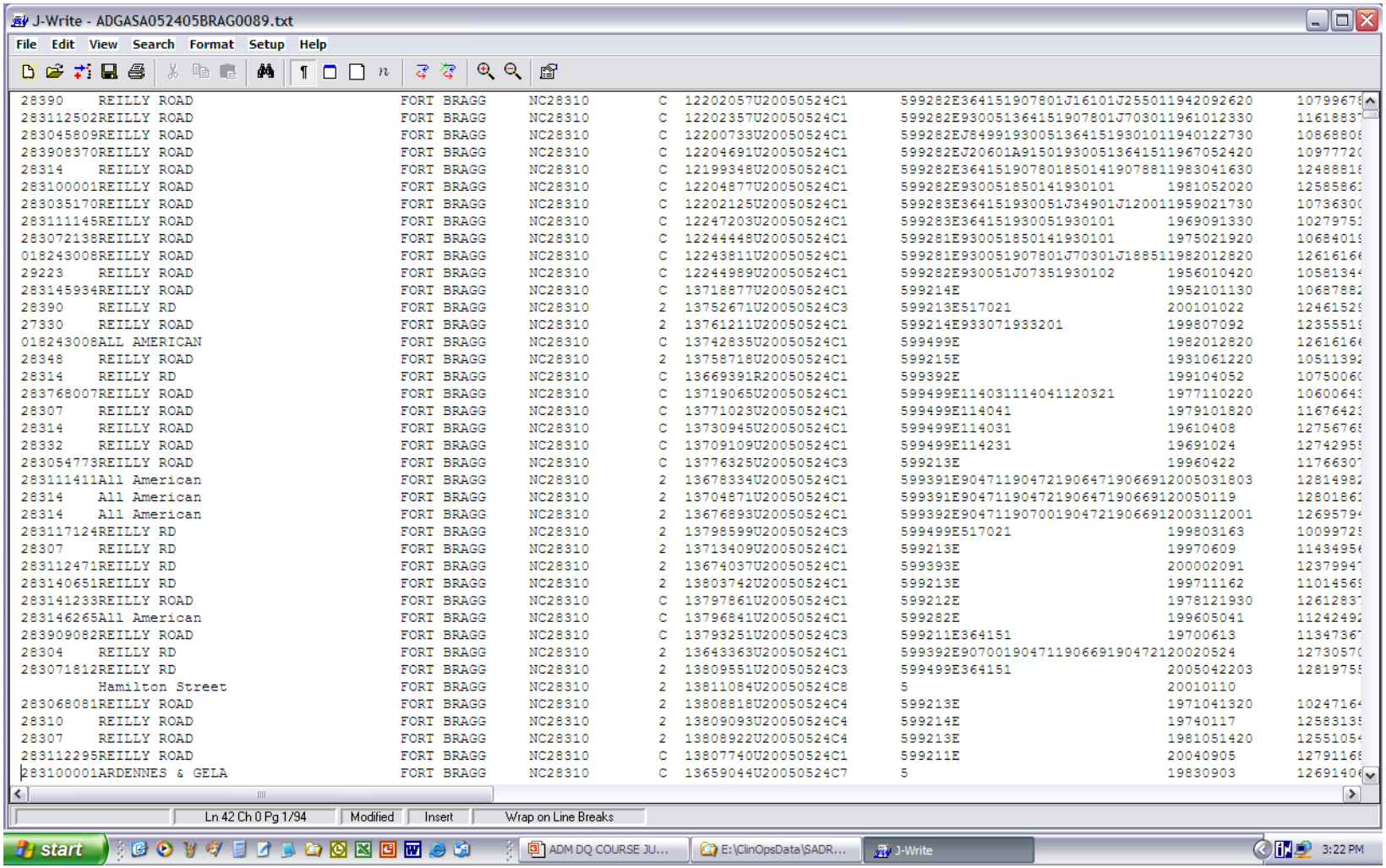
- Timeliness
  - Daily transmission of completed encounters
  - Coding Complete within 3 Business Days (Excluding Holidays)
  - APV Coding Complete within 15 Business Days
- Accuracy
  - Clinic Pick-Lists and CHCS II Favorites updated to accurately represent the standard definition and use of the ICD-9 Diagnosis and CPT/HCPCS Codes
  - Sustainment Training for Documentation, Coding and Sequencing
  - Limitations of ADM (each CPT Code must be unique within the encounter record)
- Completeness (1% Uncoded could mean $1M – PPS RVU)
  - Coding Backlog – Uncoded records – Resources vs Re-work???
  - Unresolved ADM Interface Errors
  - Null Provider Medical Specialty not included in PPS RVU calculations
  - Secondary Encounter Providers (Second MD - Non-Intern/Resident) results in additional CPT Procedure RVU for the Encounter Provider in Prospective Payment System RVU calculations

Maximum Performance

ADM Reports

```
STYL   User Prompt Style
   1      Appointments with No ADM Records by Clinic
   2      ADM Patients with 3rd Party Insurance
   3      ADM Compliance Report
   4      ADM Records with Unresolved Coding Issues
   5      Interface Transmission Status of ADM Record
   6      Encounter Summary Report by Clinic/Provider
   7      For Clinic Use Only Report
   8      Encounter Specific Code Report by Clinic/Provider
   9      Top Number Encounter Report
   10     Appointment/Encounter Count Report
   11     Patient Encounter Records Report
```

Show Me the Data!



Performance "Tune Up"

- **Pit Crew Diagnostics:**
  - **ADM Compliance Report ("Open" Incomplete Encounters)**
    - Include both Count and Non-Count
  - **SADR Provider Medical Specialty (<=905 or Not Null)**
  - **Allied Health Locations (PT/OT, Audiology, Mental Health, etc. with E&M Codes**
  - **E&M Codes for PharmD's**
  - **E&M Codes for Nurses and Technicians (99499 or 99211)**
    - **CHCS II will assign a 99212 based on Diagnosis that cannot be changed unless a different Diagnosis is selected**
  - **IBWA encounters vs Inpatient Consulting Providers**
  - **E&M Distribution by FCC (Bell Curve):**
    - **New vs Established Encounters - 20/80**

Encounter Databook

- **The DQMC Audit is not enough to assess performance and target areas for improvement**
- **Import SADR extracts, M2 query results and CHCS Ad-Hoc Flat File into Access to prepare Databook using Excel (Pivot Tables)**
  - **Neither the SADR nor M2 contains all elements needed to conduct Clinic Practice assessments**
- **Excel format provides ability to “Drill Down”:**
  - **ClinOps/CHCS II Databook is updated twice each week and are posted to a shared drive for access by Clinic Chiefs and Administrators**
  - **Drill Down Databook is updated monthly or per user request**
  - **RVU Databook is updated monthly (prior month – 1)**
- **Specific encounters can be identified in CHCS, by using the (grave key) ` + Appointment IEN in the CHCS KG ADC DATA or Patient Appointment File**
  - **Use a CHCS Print File template to display elements of interest**
- **Reconciliation Lists are provided to Clinic Chiefs and Managers to assist with coordinating updates**

See Notes View for additional

Service Type

Microsoft Excel - CHCS II ENCOUNTER DETAIL WAMC_14 JUL.xls

CHCS II Utilization by Tx DMIS

Count of APPT_IEN			TYPE				
SADR_DATE	TX_DMIS	SADR_STATUS	KEPT	WALK	SICK	T-CON	Grand Total
	7286	R	197	64	45	80	386
	7294	R	54	26	38	52	170
20050706 Total			656	310	137	297	1400
20050707	0089	R	431	214	29	147	821
	0570	R	8				8
	7143	R	108	11	31	64	214
	7286	R	199	57	36	85	377
	7294	R	88	4	30	55	177
20050707 Total			834	286	126	351	1597
20050708	0089	R	345	251	25	169	790
	0570	R	5	4			9
	7143	R	80	9	44	66	199
	7286	R	227	54	23	111	415
	7294	R	77	3	14	52	146
20050708 Total			734	321	106	398	1559
20050709	0089	R	4	4		5	13
	7143	R				1	1
	7286	R		1			1
20050709 Total			4	5		6	15
20050710	0089	R	23	6		21	50
	7286	R				4	4
20050710 Total			23	6		25	54
20050711	0089	R	483	207	23	206	919
	0570	R	16	8		1	25
	7143	R	106	10	35	70	221
	7286	R	205	52	28	124	409
	7294	R	88	13	14	102	217
20050711 Total			898	290	100	503	1791
20050712	0089	R	496	286	38	195	1015
	0570	R	6	3			9
	7143	R	78	8	57	69	212
	7286	R	202	65	18	121	406
	7294	R	99	14	8	87	208
20050712 Total			881	376	121	472	1850
20050713	0089	R	440	213	24	226	903
	0570	R	6	10			16
	7143	R	83	6	50	58	197
	7286	R	187	27	22	109	345
	7294	R	81	11	12	85	189
20050713 Total			797	267	108	478	1650
20050714	0089	R	535	385	32	165	1117
	0570	R	7	22		1	30
	7143	R	132	19	39	77	267
	7286	R	177	34	18	144	373
	7294	R	164	25	13	94	296
20050714 Total			1015	485	102	481	2083
Grand Total			**6503**	**2645**	**866**	**3419**	**13433**

Notes:
Data based on SADR Date (May not be equal to Encounter Date)

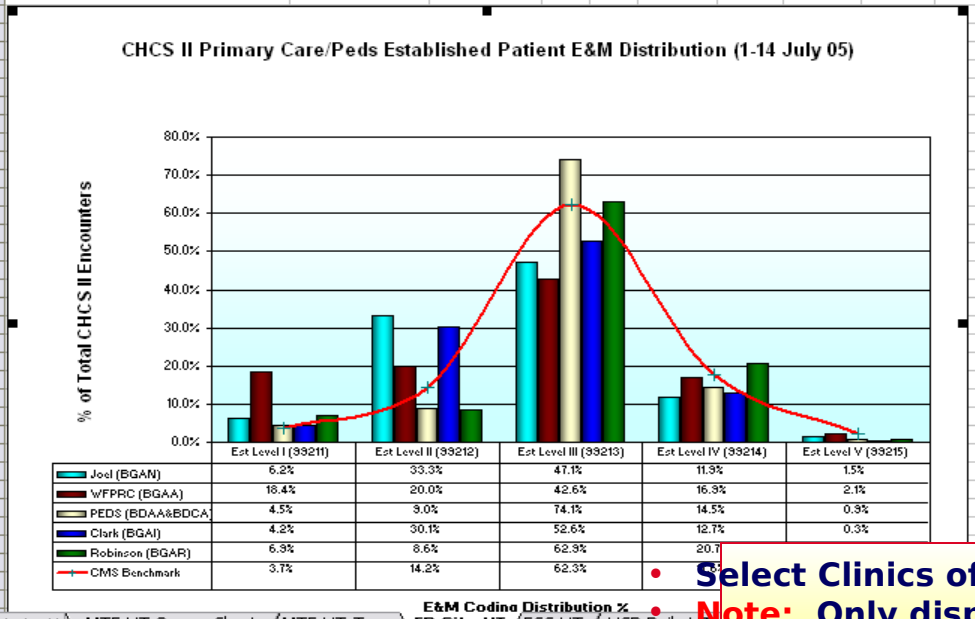
- **Raw Number and % Distribution of Service Type**
- **Review Staff generating T-CONS**
- **There will be an increase in T-CONS with CHCS II, for MTFs tha have previously changed them to OCC-SVC. Alert your DQ Mg as this will impact the WWR/SADR DQ Metric**

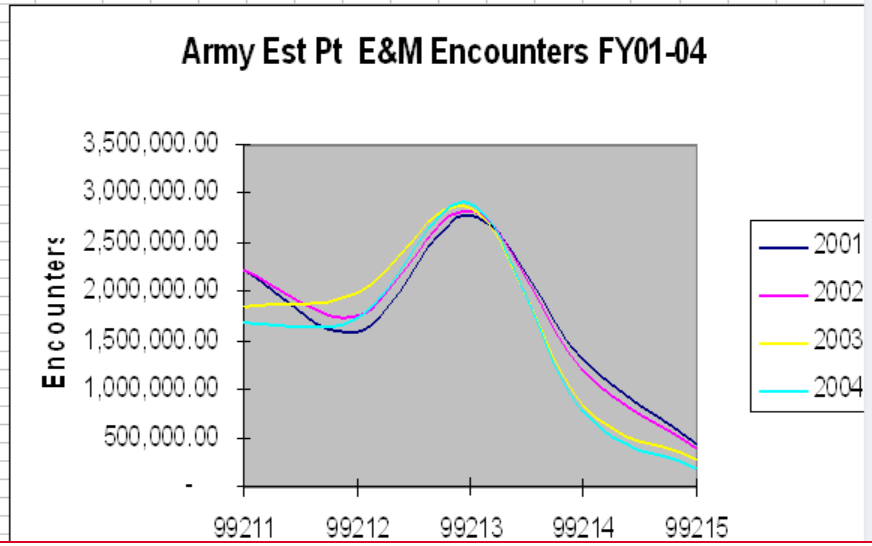
Distribution %

Microsoft Excel - CHCS II ENCOUNTER DETAIL WAMC_14 JUL.xls

CHCS II Utilization by PC Location																														
Count of APPT_IEN		E_M_CODE																												
MEPRS	SADR_STATUS	99201	99202	99203	99211	99212	99213	99214	99215	99232	99371	99372	99381	99391	99392	99393	99394	99395	99396	99397	99429	99499	99382	99373	99383	99333
BGAN	R				97	523	739	187	23		394	14		17	20	18	12	70	52	6		591		3		
BGAA	R				235	255	544	216	27	1	54	13		5	2	7	4	1				11	1	1		
BGAI	R		3	2	21	57	507	100	6		15		1	3	3	3	1	25	8	1	2	567				
BGAR	R	1	8	4	30	213	372	90	2		93	8	1	26	18	11	1	21	1			384	1	1		
BDAA	R			1	16	20	146	48	2		226	10		1	25	31	6					368			1	
BDCA	R				10	5	5						27	120	36							84				
Grand Total		**1**	**11**	**7**	**409**	**1073**	**2313**	**641**	**60**	**1**	**782**	**45**	**29**	**172**	**104**	**70**	**24**	**117**	**61**	**7**	**2**	**2005**	**2**	**5**	**1**	**2**

MEPRS	SADR_STATUS	99201	Est Level	Est Level	Est Level	Est Level	Est Level	Est Pt Total
Joel (BGAN)	R		6.2%	33.3%	47.1%	11.9%	1.5%	1569
WFPRC (BGAA)	R		18.4%	20.0%	42.6%	16.9%	2.1%	1277
PEDS (BDAA&BDCA)	R		4.5%	9.0%	74.1%	14.5%	0.9%	691
Clark (BGAI)	R		4.2%	30.1%	52.6%	12.7%	0.3%	707
Robinson (BGAR)	R		6.9%	8.6%	62.9%	20.7%	0.9%	232
Grand Total			**9.1%**	**24.0%**	**51.7%**	**14.3%**	**1.3%**	**4476**
CMS Benchmark			**3.7%**	**14.2%**	**62.3%**	**17.6%**	**2.3%**	





- Select Clinics of Interest to review their E&M Coding distribution
- Note: Only display "R" Ready records to prevent duplicate repor
- Compare to Industry, Service and Year to Date Trend/Benchmarks
- Identify Outliers – Coordinate Training and User Feedback

Update Trends

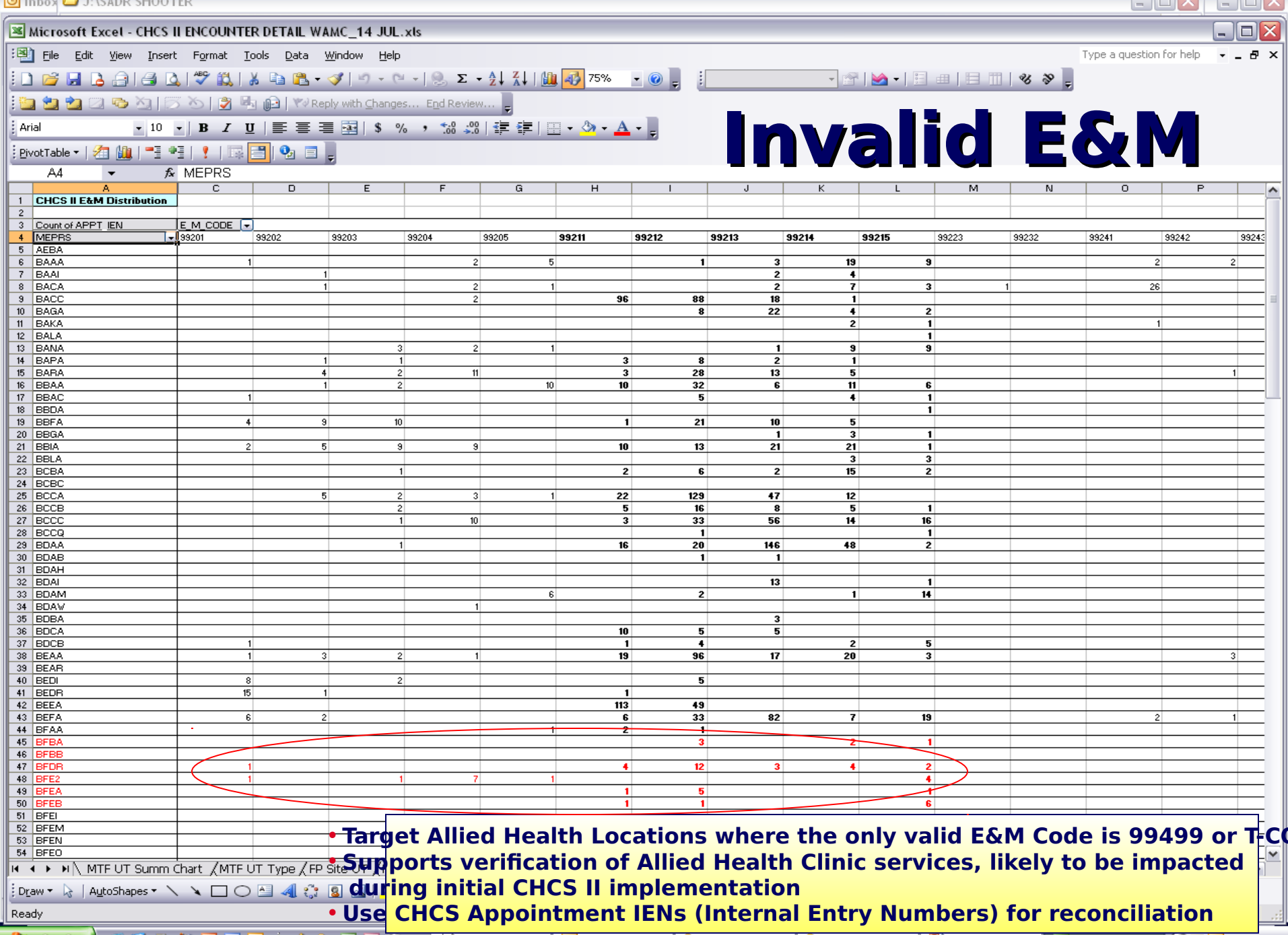
Microsoft Excel - CHCS II ENCOUNTER DETAIL WAMC_14 JUL.xls

Re-Transmitted SADR

Count of APPT_IEN			
SADR_DATE	SADR_STATUS	Total	Touch Rate
20050701	R	1350	
	U	357	26.4%
20050702	R	37	
	U	13	35.1%
20050703	R	27	
	U	21	77.8%
20050704	R	26	
20050705	R	136	
	U	47	34.6%
20050706	R	1590	
	U	313	19.7%
20050707	R	1825	
	U	346	19.0%
20050708	R	1782	
	U	294	16.5%
20050709	R	17	
	U	9	52.9%
20050710	R	56	
	U	2	3.6%
20050711	R	2029	
	U	361	17.8%
20050712	R	2043	
	U	527	25.8%
20050713	R	1796	
	U	275	15.3%
20050714	R	2328	
	U	420	18.0%
Grand Total		**18027**	

- Assess “U”pdated encounters
- Lag time for updated transmissions could be impacting your UBO S
- Additional Procedures entered, Upcodes or Downcodes
- Identify trends requiring updates to the CHCS II encounter

Invalid E&M



Microsoft Excel - CHCS II ENCOUNTER DETAIL WAMC_14 JUL.xls

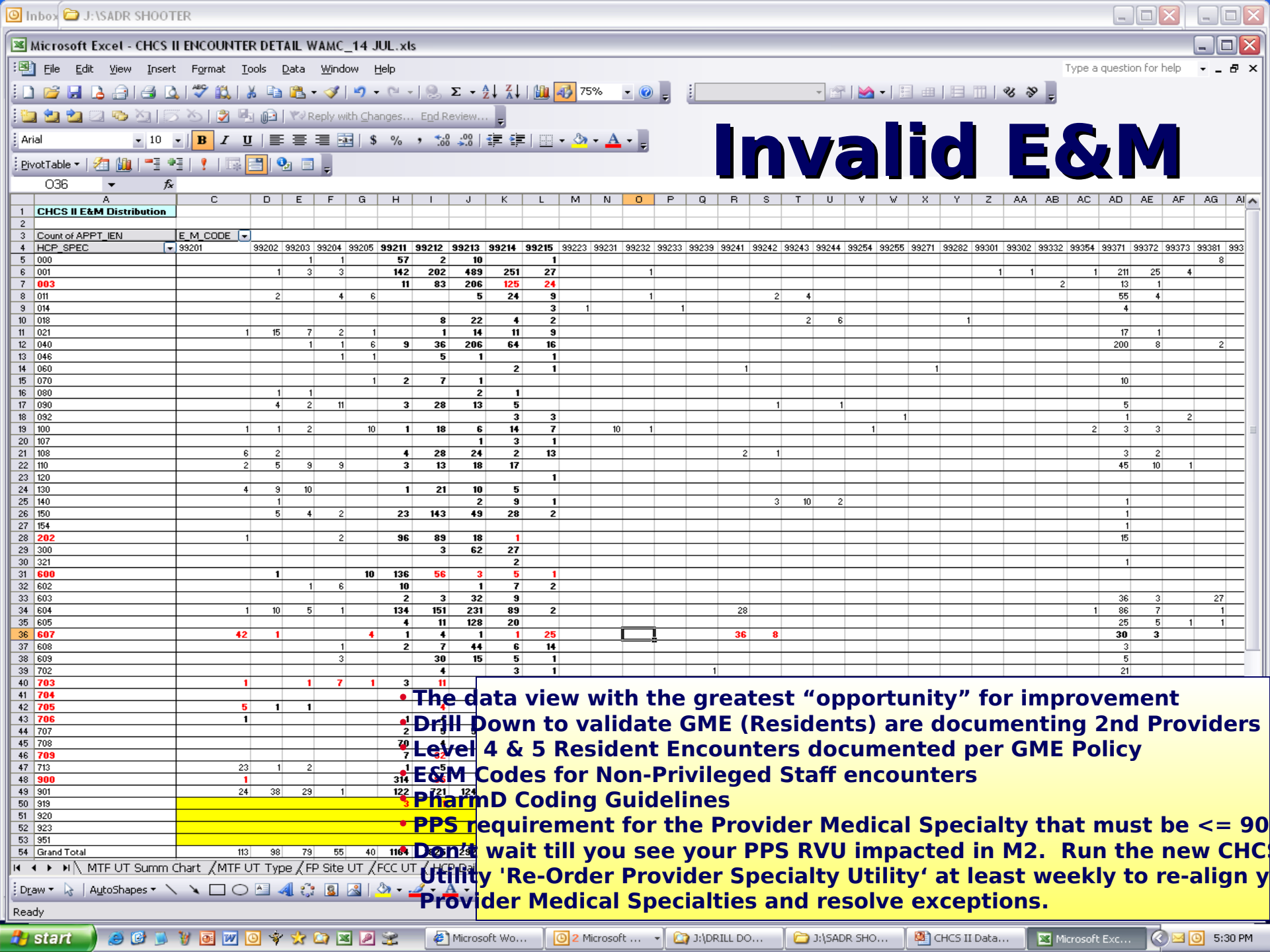
CHCS II E&M Distribution

Count of APPT_IEN | E_M_CODE

MEPRS	99201	99202	99203	99204	99205	99211	99212	99213	99214	99215	99223	99232	99241	99242	99243
AEBA															
BAAA	1			2	5		1	3	19	9			2	2	
BAAI		1						2	4						
BACA		1		2	1			2	7	3	1		26		
BACC				2		96	88	18	1						
BAGA							8	22	4	2					
BAKA									2	1			1		
BALA										1					
BANA			3	2	1			1	9	9					
BAPA		1	1			3	8	2	1						
BARA		4	2	11		3	28	13	5					1	
BBAA		1	2		10	10	32	6	11	6					
BBAC	1						5		4	1					
BBDA										1					
BBFA	4	9	10			1	21	10	5						
BBGA								1	3	1					
BBIA	2	5	9	9		10	13	21	21	1					
BBLA									3	3					
BCBA			1			2	6	2	15	2					
BCBC															
BCCA		5	2	3	1	22	129	47	12						
BCCB			2			5	16	8	5	1					
BCCC			1	10		3	33	56	14	16					
BCCQ							1			1					
BDAA			1			16	20	146	48	2					
BDAB							1	1							
BDAH															
BDAI								13		1					
BDAM					6		2		1	14					
BDAW				1											
BDBA								3							
BDCA						10	5	5							
BDCB	1					1	4		2	5					
BEAA	1	3	2	1		19	96	17	20	3				3	
BEAR															
BEDI	8		2				5								
BEDR	15	1				1									
BEEA						113	49								
BEFA	6	2				6	33	82	7	19			2	1	
BFAA					1	2	1								
BFBA							3		2	1					
BFBB															
BFDR	1					4	12	3	4	2					
BFE2	1		1	7	1					4					
BFEA						1	5			1					
BFEB						1	1			6					
BFEI															
BFEM															
BFEN															
BFEO															

- Target Allied Health Locations where the only valid E&M Code is 99499 or T-CO
- Supports verification of Allied Health Clinic services, likely to be impacted during initial CHCS II implementation
- Use CHCS Appointment IENs (Internal Entry Numbers) for reconciliation

Invalid E&M



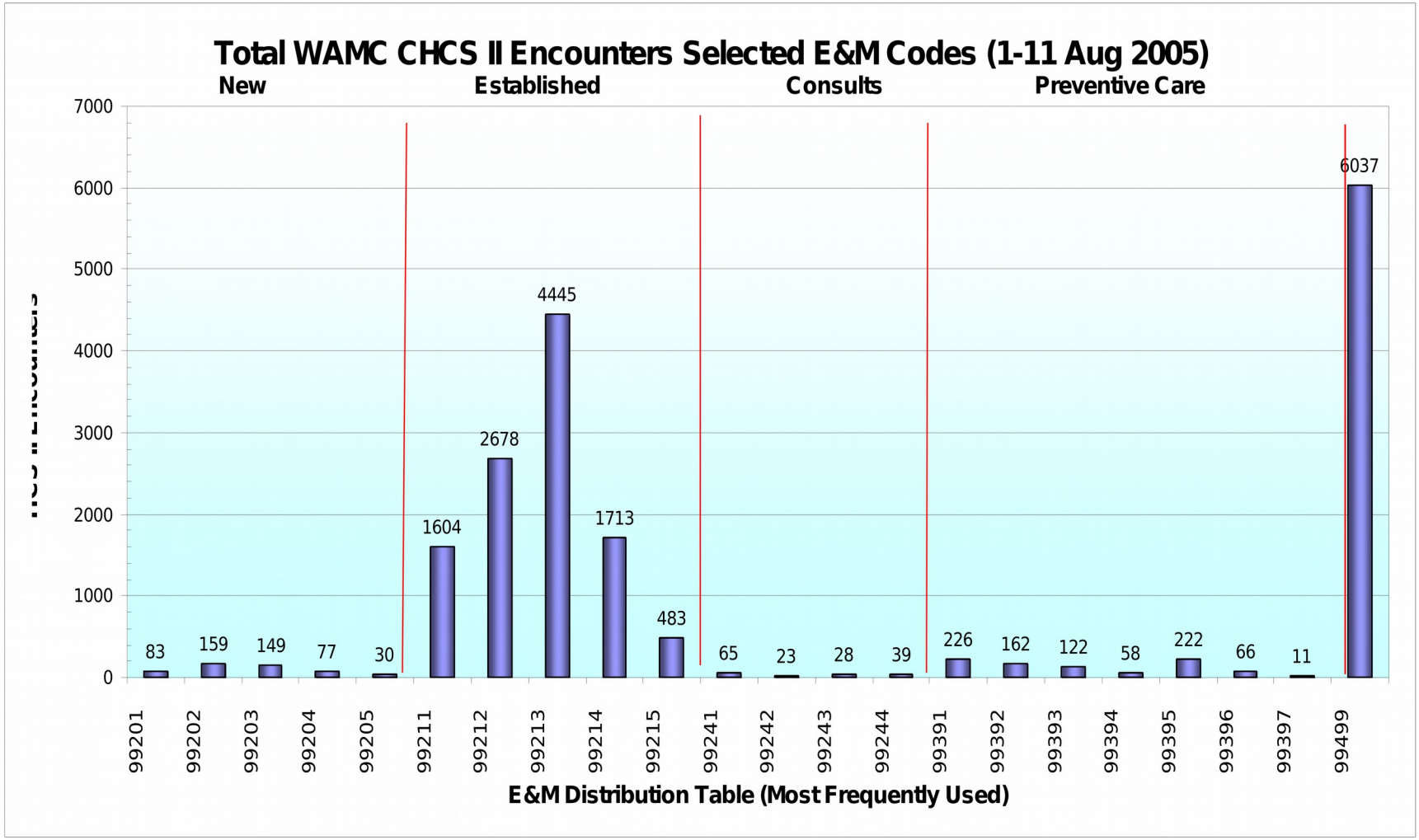
Microsoft Excel - CHCS II ENCOUNTER DETAIL WAMC_14 JUL.xls

CHCS II E&M Distribution

Count of APPT_IEN	E_M_CODE																																
HCP_SPEC	99201	99202	99203	99204	99205	99211	99212	99213	99214	99215	99223	99231	99232	99233	99239	99241	99242	99243	99244	99254	99255	99271	99282	99301	99302	99332	99354	99371	99372	99373	99381	993
000			1	1		57	2	10		1																					8	
001		1	3	3		142	202	489	251	27			1											1	1		1	211	25	4		
003						11	83	206	125	24																2		13	1			
011		2		4	6			5	24	9			1				2	4									55	4			
014										3	1			1														4				
018							8	22	4	2								2	6				1									
021	1	15	7	2	1		1	14	11	9																		17	1			
040			1	1	6	9	36	206	64	16																		200	8		2	
046				1	1		5	1		1																						
060									2	1							1					1										
070					1	2	7	1																				10				
080		1	1					2	1																							
090		4	2	11		3	28	13	5								1		1									5				
092									3	3											1							1		2		
100	1	1	2		10	1	18	6	14	7		10	1							1						2		3	3			
107								1	3	1																						
108	6	2				4	28	24	2	13						2	1											3	2			
110	2	5	9	9		3	13	18	17																			45	10	1		
120										1																						
130	4	9	10			1	21	10	5																							
140		1						2	9	1							3	10	2									1				
150		5	4	2		23	143	49	28	2																		1				
154																												1				
202	1			2		96	89	18	1																			15				
300							3	62	27																							
321									2																			1				
600		1			10	136	56	3	5	1																						
602			1	6		10		1	7	2																						
603						2	3	32	9																			36	3		27	
604	1	10	5	1		134	151	231	89	2						28											1	86	7		1	
605						4	11	128	20																			25	5	1	1	
607	42	1			4	1	4	1	1	25						36	8											30	3			
608				1		2	7	44	6	14																		3				
609				3			30	15	5	1																		5				
702							4		3	1					1													21				
703	1		1	7	1	3	11																									
704																																
705	5	1	1				4																									
706	1						1																									
707							2	3	5																							
708							70																									
709							7	42																								
713	23	1	2				1	5																								
900	1					314	36																									
901	24	38	29	1		122	721	124																								
919						3																										
920																																
923																																
951																																
Grand Total	113	98	79	55	40	1164	1																									

- The data view with the greatest “opportunity” for improvement
- Drill Down to validate GME (Residents) are documenting 2nd Providers
- Level 4 & 5 Resident Encounters documented per GME Policy
- E&M Codes for Non-Privileged Staff encounters
- PharmD Coding Guidelines
- PPS requirement for the Provider Medical Specialty that must be <= 90
- Don’t wait till you see your PPS RVU impacted in M2. Run the new CHCS Utility 'Re-Order Provider Specialty Utility‘ at least weekly to re-align y Provider Medical Specialties and resolve exceptions.

Facility Distribution (Raw)



Value of Care Model

RVU Data for Feb 05 (Dec 04 Data) - FY 05.xls

	F	G	H	I	J	K	L	M	N	O	P	Q
1	nit (RVU)	Data - Compiled Feb 05			NOTE: The yellow highlighted box indicates contract employee (Delta Column). Expenses are not captured in the EAS IV Accumulator.							
2	Tmt Service Clinic	Provider ID	Provider Specialty	Encounters	Simple RVU	Avg RVU (Simple/ Encounter)	Medicare Rate ($40 * Simple)	Hours in Clinic (EAS - Dec 04)	FTE (Based on hours in Clinic/ 168)	AVG RVU (Per Prov Per Day)	Expense (As taken from Dec 04 EAS Accumulator)	DELTA
543	BGAA	LAMMJ	001	44	19.78	0.45	$ 791.20	0.00	0.00	0.00	$ -	$ (791.20)
544	BGAA	LATZKM	001	53	23.66	0.45	$ 946.40	12.00	0.07	15.77	$ 3,684.00	$ (2,737.60)
545	BGAA	LYNCHSTE	003	31	17.31	0.56	$ 692.40	6.60	0.04	20.98	$ 301.00	$ 391.40
546	BGAA	MARANT	003	164	104.41	0.64	$ 4,176.40	16.20	0.10	51.56	$ 740.00	$ 3,436.40
547	BGAA	MCDONK	001	32	13.45	0.42	$ 538.00	4.00	0.02	26.90	$ 2,924.00	$ (2,386.00)
548	BGAA	MCDOTH	901	220	106.63	0.48	$ 4,265.20	128.00	0.76	6.66	$ -	$ -
549	BGAA	MEANSGA	003	297	218.58	0.74	$ 8,743.20	10.80	0.06	161.91	$ 1,407.00	$ 7,336.20
550	BGAA	MEYERSBAR	003	92	48.88	0.53	$ 1,955.20	13.12	0.08	29.80	$ 753.00	$ 1,202.20
551	BGAA	MEYERSGE	003	35	19.57	0.56	$ 782.80	0.00	0.00	0.00	$ -	$ (782.80)
552	BGAA	MILLJC	901	323	189.24	0.59	$ 7,569.60	156.00	0.93	9.70	$ 8,041.00	$ (471.40)
553	BGAA	MITCSC	001	3	4.13	1.38	$ 165.20	0.00	0.00	0.00	$ -	$ (165.20)
554	BGAA	MYERSD	901	5	2.69	0.54	$ 107.60	0.00	0.00	0.00	$ -	$ (107.60)
555	BGAA	NGUYENCHU	003	123	55.72	0.45	$ 2,228.80	26.56	0.16	16.78	$ 954.00	$ 1,274.80
556												

- **Map M2 RVU query results to By Name Provider Time Reported**
- **Providers with NO Time Reported prevent accurate calculation of RVU/FE per Day**
- **Include ALL Clinics, Provider Specialties (Skill Types)**
- **Avg RVU/Encounter enables Peer Comparisons**
- **Family Practice RVU per Provider per Day = 15.4 (Army)**
- **Incorrect Time Reporting Shows "You Can Do More With Less**

Transitioning to CHCS II

- Improved ability for 3 day completion compliance
- Coder workflow changes:
  1) Code all handwritten documents done the day prior
  2) Audit all encounters with third-party insurance
  3) Audit and Re-Code as needed all APV clinic visits
  4) Audit ER or other designated high-cost clinics
  5) Audit CHCSII-coded notes with time remaining in day
  6) No audit work will be carried over to the next business day
- Coders authorized to directly update ADM, based on encounter documentation and track trends to identify areas for improvement
- Coders coordinate with Providers to update CHCS II when validity of coding impacts validity of Diagnosis or Procedures in the Patient Record
- Regular detailed data assessment needed to identify training and transition impacts

***Source: AMEDD Commander Guidance on CHCSII Utilization of 17 February 2005**

“Drivers” for Data Quality

The Drivers for “Quality Data” are only going to increase with advances in technology, increasing needs to measure access, quality, performance, costs, implement regulatory standards for health care data and use the data to improve the health of the patients we serve.

Questions?

"Maximize Your Performance"

“Pit Crew” Manual & References

Back-Up Slides

RVU Types

- Simple RVU includes all RVU weights for an encounter
- Primary Care Provider RVU/FTE includes only RVU for Provider Skill Type 1 and 2 (Excludes Resident FTEs) for Primary Care FCCs
- Prospective Payment System RVU requires a Direct Care Medical Specialty for the Primary and

✓ **Non-count Visits are included in total completed Encounters on many productivity reports that have important implications to all providers and clinics - including RVU capture and staffing**

✓ **Nurse/Tech services should be part of the Provider Visit – Enter Nurse/Tech as a Secondary Provider in ADM**

✓ **Nurse/Tech procedures entered within the Provider Encounter will increase Primary Care Provider RVU/FTE/Day RVU**

CPT Code Billing Modifiers

CPT Range	Modifiers	Descriptor	Rate Calculation
E&M Codes 99201-99499	-25	SIGNIFICANT, SEPARATE E&M SVC BY SAME PHYS/DAY/OTH SVC	Required Modifier when more than one E&M Code is entered for an Encounter
	-27	MULTIPLE OUTPATIENT E&M ENCOUNTERS ON SAME DATE	Two Encounters with same Date of Service
	-57	DECISION FOR SURGERY	Informational Modifier
CPT/HCPCS Procedures	-26	PROFESSIONAL COMPONENT	Calculated Charges for Professional Services, when there is a Component Rate.
	-TC	TECHNICAL COMPONENT	Calculated Charges for Technical Services, when there is a Component Rate.
	-50	BILATERAL PROCEDURE	Charges are calculated at 2*CMAC Rate.
	-51	MULTIPLE PROCEDURES	Charges are calculated at CMAC Rate & Units of Service.
	-62	TWO SURGEONS	Services for each Surgeon are billable.
	-80	ASSISTANT SURGEON	Services for each Surgeon are billable.
	-81	MINIMUM ASSISTANT SURGEON ASSIST	Services for each Surgeon are billable.
	-82	SURGEON/QUALIFIED RESIDENT SURGEON NOT AVAIL	Services for each Surgeon are billable.

ADM Information Sources

WEB SITE	LINK
ADM 3.0 Users Manual ▪ Business Rules ▪ Application Capabilities	http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets/kgads.asp
DoD Coding Guidelines (Apr 05) ▪ Business Rules ▪ Coding Scenarios	http://www.tricare.osd.mil/org/pae/ubu/default.htm
ADM Encounter Specific Code Report By Clinic/Provider "How To"	 Clinic Provider Coding Report

Best of the Web

WEB SITE	LINK
American Academy of Family Practitioners ▪ Practice Management Measures	**http://www.aafp.org/x5981.xml**
TRICARE Access Imperatives ▪ Kaiser Clinic Template Model	**http://www.tricare.osd.mil/tai/Clinic_Templating.htm**
Medical Group Mgmt Benchmarks ▪ Staffing Models ▪ Relative Value Units	**http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html**
E&M Coding Benchmark Analyzer* ▪ CMS Benchmarks by Specialty ▪ Analyze your E&M Distribution	**http://www.physicianspractice.com/tools/em_calc.html**
Pediatric Practice Benchmarks ▪ Benchmarks ▪ RVU Calculator	**http://www.pcc.com/pub/pm/curve-calc.html**

***Requests Zip Code to Access**

Tri-Service Web Sites

WEB SITE	LINK
CHCS/CHCS II Training Courses & Downloads	**http://www.distributivelearning.net**
CHCS Data Management* ▪ User Guides, User Update Guides	**http://www.chcs-dm.com/DM4CHCS/default.html**
TMA Data Quality Management Control Program	**http://tricare.osd.mil/rm/fa_dq.cfm**
Post Deployment Health Toolbox ▪ Algorithms & Coding Guides	**http://www.pdhealth.mil/guidelines/toolbox.asp**
TRICARE Operations Center ▪ Access to Care ▪ Template Analysis Tool (TAT)	**http://www.tricare.osd.mil/tools/**
MEPRS Early Warning and Control System (MEWACS)	**http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm**

*** See your CHCS Administrator for Access**

Service Web Sites

WEB SITE	LINK
Army Knowledge On-Line*: ▪ CHCS II Updates ▪ CHCS II Template Team	Log On to AKO & Follow Link: **https://www.us.army.mil/suite/page/406** Also Links to AF CHCS II Site
OTSG Decision Support*: ▪ Portal to All AMEDD Metrics/Data	**https://ke2.army.mil/otsg/main.php?cid=57**
Army PASBA (.mil Access Only) ▪ DQ Metrics & Coding Support	**http://www.pasba.amedd.army.mil/**
Army MEPRS Program Office ▪ All things Army MEPRS	**http://ampo.amedd.army.mil/**
NMC Portsmouth ▪ CHCS “Nuggets” & SOPs	**http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp**
Air Force P2R2 ▪ MTF Performance Analyzer	**https://p2r2.hq.af.mil/**

*** Password Required**

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